



City of **Norfolk**

APPLICATION ADULT USE SPECIAL EXCEPTION EATING AND DRINKING ESTABLISHMENT

Date of Application: _____

DESCRIPTION OF PROPERTY

Property location: (Street Number) _____ (Street Name) _____

Existing Use of Property _____

Current Building Square Footage _____

Proposed Use _____

Proposed Building Square Footage _____

Trade Name of Business (If applicable) _____

APPLICANT/ PROPERTY OWNER

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax number () _____

E-mail address of applicant: _____

2. Name of property owner: (Last) _____ (First) _____ (MI) _____

Mailing address of property owner (Street/P.O. box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of owner () _____ Fax number () _____

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date(s) contacted: _____

Ward/Super Ward information: _____

REQUIRED ATTACHMENTS

- ✓ Check for \$265.00 made payable to Norfolk City Treasurer.
- ✓ 2 8½x14 copies of a survey or site plan drawn to scale showing:
 - Existing and proposed building structures
 - Driveways
 - Parking
 - Landscaping
 - Property lines (see attached example).
- ✓ 2 8½x14 copies of a floor plan drawn to scale showing seats, tables, bar, dance floor area, disc jockey area, and ingress and egress (see attached example).
- ✓ Completed Exhibit A, Description of Operations.
- ✓ Please provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:

_____/_____/_____
(Property owner or authorized agent signature) (Date)

SIGNED:

_____/_____/_____
(Applicant signature) (Date)



City of Norfolk

EXHIBIT "A" Description of Operations Eating and Drinking Establishment

Date of Application _____

Trade name of business: _____

Address of business: _____

Name(s) of business owner(s)* _____

Name(s) of property owner(s):* _____

Name(s) of business manager(s)/operator(s): _____

Daytime telephone number: () _____

* If business or property owner is an LLC or Corporation, all partners must be listed.

1. Proposed Hours of Operation:

Facility

Weekday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Sunday From _____ To _____

Alcoholic Beverage Sales

Weekday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Sunday From _____ To _____

2. Seating (Approved floor plan must be attached)

a. Indoor

Number of seats _____ Number of bar seats _____
(not including bar seats) Number of tables _____

b. Outdoor

Number of seats _____ Number of tables _____

c. Number of employees _____

Total Occupancy (Indoor and Outdoor and employees) _____

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Eating and Drinking Establishment
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3. Describe type tables and booth (i.e., rounds of 4, booth seats 6, etc.)

_____ 2-Tops _____ 4-Tops _____ 6 Tops

Other: _____

4. Will indoor or outdoor entertainment be provided?

(Entertainment consists of anything more than one, unamplified musician)

☐ Yes (Different application required) ☐ No

5. Type of alcoholic beverage applied for:

☐ Beer ☐ Wine ☐ Mixed Beverage

6. Will video games, pool tables, game boards or other types of entertainment be provided?

☐ Yes ☐ No

6a. If yes, please describe type and number of each game to be provided:

7. Will patrons ever be charged to enter the establishment?

☐ Yes ☐ No

7a. If yes, why:

7b. Which days of the week will there be a cover charge (circle all applicable days):

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

8. Will the facility or a portion of the facility be available for private parties?

☐ Yes ☐ No

8a. If yes, explain:

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9. Will a third party (promoter) be permitted to lease, let or use the establishment?

☐ Yes ☐ No

9a. If yes, explain:

10. Type of ABC license applied for (check all applicable boxes):

☐ On-Premises ☐ Off-Premises (second application required)

11. Will there ever be a minimum age limit?

☐ Yes ☐ No

12. Additional comments/description/operational characteristics:

Signature of Applicant